

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement and instructions on back before completing form. Use typewriter, Ink or ball point pen. DO NOT use pencil. If more space is needed, continue in Remarks.				
1. TYPE OF TRAVEL		2. EFT INFORMATION		RTN:		ACCT#:		
<input type="checkbox"/> PCS	<input type="checkbox"/> Member/Employee	<input type="checkbox"/> NEW	Name/Address of Financial Institution:		ACCT TYPE: SAV <input type="checkbox"/> CK <input type="checkbox"/>			
<input type="checkbox"/> TAD/TDY	<input type="checkbox"/> Dependent	<input type="checkbox"/> CHANGE						
<input type="checkbox"/> OTHER	<input type="checkbox"/> DLA	<input type="checkbox"/> No Change/Use DFT on File						
3. NAME (Last, First, Middle Initial) (Print or type)			4. Grade	5. SSN		6. TRAVEL ORDER NUMBER		
7. ORGANIZATION AND STATION/CIVILIAN PAYROLL OFFICE NAVMARCORESCEN PORTLAND, OR			8. E-MAIL ADDRESS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE			9. WORK PHONE (w/Area Code)		
10.a. ADDRESS (Number, Street, City, State, Zip Code)			b. CITY		c. STATE	d. ZIP CODE		
10.e. HOME PHONE (w/Area Code)								
11. ITINERARY:								
a. DATE (YEAR)	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State and County, etc)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Govt. (B-L-D) (2) Ded. (B-L-D)		g. DAILY COST OF LODGING	h. POC MILES
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
16. POV TRAVEL (X one)			<input type="checkbox"/> OWN/OPERATE			<input type="checkbox"/> PASSENGER		
17. REIMBURSABLE EXPENSES								
a. DATE	b. NATURE OF EXPENSES						c. AMOUNT	d. ALLOWED
18.a. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS (Including ZIP CODE):			19. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			20. DEPENDENT(S) TRAVEL INFORMATION		
			a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DOB OR DOM	a. DT TVL BEGAN:		
						b. DT TVL ENDED:		
b. DEPENDENT'S NEW ADDRESS (including ZIP CODE):						c. DID DEPENDENT(S) TRAVEL WITH MEMBER?		
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
21. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO								
22. DISLOCATION ALLOWANCE								
1. This is the (number) claim for dislocation allowance based on a permanent change of station during FY- I have not and will not request Government procured shipment of a house trailer or reimbursement for shipment at personal expense if I am claiming A dislocation allowance for this PCS. NOTE: ENDORSEMENT ON ORIGINAL ORDERS THAT GOVT QUARTERS IS NOT ASSIGNED IS REQUIRED TO BE ENTITLED TO SINGLE DLA.								
23.a. CLAIMANT SIGNATURE			b. DATE		24.a. APPROVING OFFICER SIGNATURE (For Official Phone Calls)		b. DATE	